

FOR OFFICE USE ONLY

License No. _____

Expires _____

CITY OF CONCORD
HEALTH SERVICES
37 GREEN STREET
CONCORD, NEW HAMPSHIRE 03301

APPLICATION FOR ANNUAL ENTERTAINMENT LICENSE

Name of Establishment: _____ Phone: _____

Address: _____

Name of Owner: _____ Phone: _____

Owner's Address: _____

Seating Capacity: _____ Proposed Hours: From: _____ To: _____

PLEASE INDICATE THE TYPE OF ENTERTAINMENT YOU ARE REQUESTING:

☐ Theatres, Halls, Place of Amusement:

☐ Seating capacity of 1,000 or more \$ 407.00

☐ Seating capacity of 500 to 999 \$ 317.75

☐ Seating capacity under 500 \$ 205.00

☐ Dancing and Live Entertainment: \$ 184.50

☐ Live Entertainment Only: \$ 91.25

AT THE DISCRETION OF THE LICENSING OFFICER, A SEPARATE LICENSE MAY BE REQUIRED FOR ANY FORM OF ENTERTAINMENT WHICH IS DEEMED TO BE UNUSUAL OR OUT OF THE ORDINARY BY THE LICENSING OFFICER, OR AN EVENT WHERE THE NUMBER OF PARTICIPANTS IS EXCESSIVE.

Applicant's Signature: _____ Date: _____

APPROVED: _____ Date: _____

Licensing Officer